

IN THE UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK
NEW YORK DIVISION

IN RE : BROWARD FAMILY GOLF CENTERS INC
CHAPTER : 11
CASE NO : CX-0041073 SMB
ACCT NO : 16316989

STATE OF FLORIDA
DEPARTMENT OF REVENUE

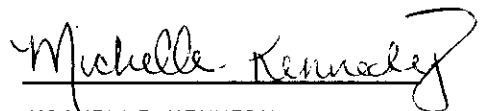
NOTICE OF WITHDRAWAL OF REQUEST FOR PAYMENT

CLAIM AMOUNT : \$3,996.84
CLAIM DATE : 06/29/2000

Please withdraw our request for payment filed by the Department of Revenue in the amount listed above.

WITHDRAWN AMOUNTS PAID

OCTOBER 20, 2000



MICHELLE KENNEDY
REVENUE SPECIALIST II
Bankruptcy Section
Florida Department of Revenue
Post Office Box 6668
Tallahassee, Florida 32314-6668
Phone (850) 921-2151

Request for Payment of Department of Revenue Taxes

(Bankruptcy Code Cases - Administrative Claims)
DEPARTMENT OF REVENUE/STATE OF FLORIDA

United States District Court for the SOUTHERN/NEW YORK
District of NEW YORK

BROWARD FAMILY GOLF CENTERS INC

538 BROADHOLLOW RD
MELVILLE

NY 11747-0000

Bankruptcy No.	00-41073	SMB
Type of Bankruptcy Proceeding	11	
Date of Petition	5/04/00	
Tax Number	16-19-316989-20/3	
Social Security Number		
Employer Identification Number		

1. The undersigned, whose business address is Post Office Box 6668, Tallahassee, Florida 32314-6668, is the agent of the Department of Revenue, and is authorized to make this claim on behalf of the State of Florida.
2. Request is made for payment of taxes and any interest or penalty due the Department of Revenue, State of Florida, as shown below.
3. The grounds for the liability is for taxes, interest and penalty due under the Revenue Laws of the State of Florida.

ADMINISTRATIVE CLAIMS - CODE s. 503

Kind of Tax	Tax Due	Accrued Interest To Date	Accrued Penalty To Date	Balance Due
SALES AND USE TAX	3627.00	7.14	362.70	3996.84

Total amount due as of date of this request \$ 3,996.84

Dollar amount per day at which interest will accrue after this request \$ 1.19

Returned Item Check Fee \$.00

Claimant reserves the right to amend if claim is based on estimated amounts of tax due or is otherwise subject to more accurate determination.

Penalty for Presenting Fraudulent Claim -
Fine of not more than \$5,000 or imprisonment
for not more than 5 years or both -
Title 18, U.S.C., Sec. 152

Signature *Michelle Kennedy*
Title MICHELLE KENNEDY
REVENUE SPECIALIST II

Date 06/29/00
Phone (850) 921-2151

05/00 (5-31)

See Attached Summary Sheet

FLORIDA DEPARTMENT OF REVENUE LEGAL CLAIMS SUMMARY SHEET Administrative Claims

☒ New Case ☐ Prior Case
 Out-of-State Case Code

Taxpayer's Name BROWARD FAMILY GOLF CENTERS INC		Location of Court SOUTHERN/NEW YORK NEW YORK	
Business Name		Bankruptcy Case Number CX-0041073 SMB	
Address 538 BROADHOLLOW RD		Chapter Number 11	Petition Date 5/04/00
City MELVILLE	State NY	Zip Code 11747-0000	Account Number 16-19-316989-20/3
Tax Type SALES AND USE TAX		Date Business Closed/Date Converted	

Period Due	Tax Amount	Tax Type	Tax Account	R-Item/Court Fees	Penalty	Interest	Returned Check Control Number
05/00	3627.00	Est			362.70	7.14	

TOTALS: TAX: \$ 3,627.00 PENALTY: \$ 362.70 INTEREST: \$ 7.14

☐ Amended Claim:

- Supersedes Claim for \$ _____

Dated _____

Adj. \$ _____

Court Costs/Sheriff's Fee \$ 0.00

Returned Check Fee: \$ 0.00

Total of Claim: \$ 3,996.84

Daily Interest 1.19

Trustee's Name _____

Trustee's Address _____

City _____ State _____ Zip _____

FRIED FRANK HARRIS SHRIVER & JACOBSON

Attorney's Name

ONE NEW YORK PLAZA ATTN LAWRENCE FIRST

Attorney's Address

NEW YORK NY 10004-

City State Zip

(212) 859-8000

Attorney's Phone No.

Date Prepared: 6/29/00 Prepared By: MK P & I Figured to: 6/29/00